

STATE PREVENTION SYSTEM

Structure and Organization

The lead State agency for ATOD prevention in Iowa is the Division of Substance Abuse and Health Promotion (DSAHP), a division of the Iowa Department of Public Health (IDPH). The director of DSAHP reports to the director of IDPH. The most important goals of DSAHP include:

- Substance abuse prevention and treatment
- Tobacco prevention and youth access
- Problem gambling treatment and education
- Cardiovascular risk reduction
- Cancer prevention
- Disability and injury prevention

Key DSAHP personnel for substance abuse prevention services include a prevention consultant, community health consultant, and portions of the positions of program planner, contracts administrator, division director, and data coordinator.

In FFY 1994, DSAHP had five major categories of prevention funding:

- Comprehensive prevention contracts – 23 comprehensive prevention programs were funded to provide services for citizens of the State's 99 counties.
- Drug and violence prevention contracts – These contracts funded 13 high-risk youth projects.
- Law enforcement/Education partnership grants – These grants funded 19 Drug Abuse Resistance Education (DARE) programs in Grades 5-8.
- Innovative prevention contracts – Fees from Sunday liquor sale licenses were used to fund innovative early intervention programs for targeted groups that included African-American, American Indian, and Hispanic youth, as well as residents of lower-income neighborhoods.
- Community grants – Receipts for Sunday liquor sale licenses were used for grants given to community volunteer groups to initiate prevention efforts.

Only the first category above (i.e., comprehensive prevention contracts) utilized SAPT 20% set-aside funds.

Prevention services are contracted out to 23 community-based prevention centers covering Iowa's 99 counties. Federal 20% set-aside funds are allocated to these prevention centers on a per capita basis. The providers are non-profit organizations that are comprehensive treatment and prevention programs, freestanding prevention agencies, or area education agencies. Each agency features a board of directors that offers input and guidance. Agencies conduct their own needs assessments, utilizing a "Community Prevention Matrix." In program planning, the agencies enjoy a considerable degree of latitude as the State allows them to determine substate

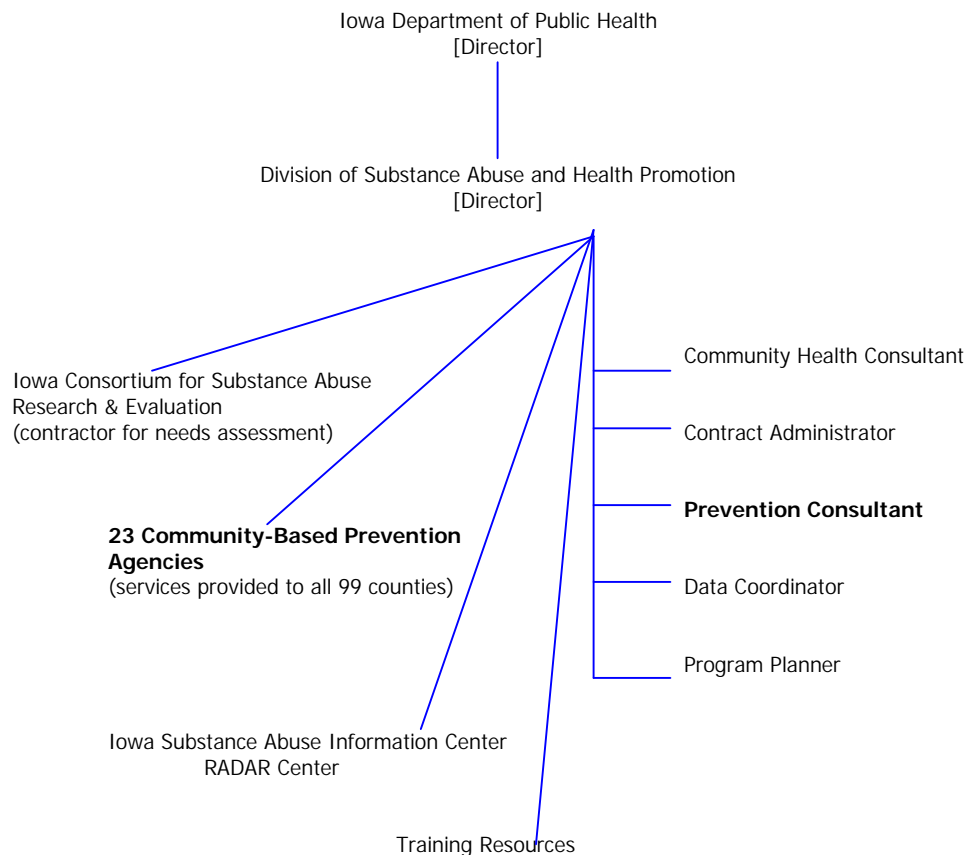
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agency priorities. Additionally, two agencies are contracted to provide statewide prevention services, one in training services, and one in information services (RADAR Center).

The cornerstone of ATOD prevention information dissemination in the State is the Iowa Substance Abuse Information Center. This agency has an extensive prevention research literature database and responds to telephone inquiries. The Information Center's accessibility is enhanced by its use of a toll-free number. DSAHP also transfers knowledge to the community directly through community-based organizations.

IDPH continues to participate in State-level activities that allow the coordination of substance abuse prevention funds and activities with the Department of Education, Department of Human Rights, Governor's Alliance on Substance Abuse, Department of Public Safety, Work Force Development, Criminal Juvenile Justice, National Guard, Department of Transportation, and the three State universities.

Organizational Chart



STATE PREVENTION INVENTORY - IOWA PROFILE

FUNDING AND RESOURCES

Year (FFY)	State Funding	SAPT Funding	20% Set-aside
1993	\$1,041,369	\$9,769,497	\$2,086,637
1994	1,140,977	10,315,738	2,192,118
1995	1,567,421	11,190,416	2,372,508

Allocation of Funds

CSAP Strategy	FFY 1993	FFY 1994	FFY 1995
Information Dissemination	\$459,060	\$482,924	\$424,111
Education	751,189	783,244	955,618
Alternatives	354,728	360,384	221,499
Problem Identification and Referral	229,530	244,640	288,914
Environmental	104,332	118,374	105,230
Community-based Process	187,797	202,552	377,137
Other	0	0	0

Resource Spending*	FFY 1993	FFY 1994	FFY 1995
Planning, Coordination, and Needs Assessment	\$75,000	\$30,596	\$75,000
Quality Assurance	0	0	0
Training (post-employment)	56,277	32,856	18,000
Education (pre-employment)	0	0	0
Program Development	5,000	4,591	5,000
Research and Evaluation	45,110	80,711	50,000
Information Systems	0	22,291	0

* These expenditures fell outside the set-aside.

Substate entities receiving set-aside funds for prevention service delivery

- 2 statewide, non-profit prevention agencies
- 23 community-based, non-profit prevention agencies

Average amount of grant/contract:

- FFY 1993 - \$72,835
- FFY 1994 - \$78,108
- FFY 1995 - \$109,921

Per-capita 20% set-aside spending (population):

- FFY 1993 - \$0.74
- FFY 1994 - \$0.86
- FFY 1995 - \$0.83

Staff/Volunteers designated and supported by set-aside funding and level:

- FFY 1993 -
 - State: 1 FTE/0 Volunteers
 - Regional: N/A*
 - Local: N/A
- FFY 1994 -
 - State: 1 FTE/0 Volunteers
 - Regional: N/A
 - Local: N/A
- FFY 1995 -
 - State: 1 FTE/0 Volunteers
 - Regional: N/A
 - Local: N/A

*Data not available from State.

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PROGRAMS AND SERVICES

Definition of Prevention:

Iowa subscribes to the public health model of prevention. Substance abuse is viewed as an illness or a disease. Prevention programs take a family-centered approach and use basic prevention strategies such as information dissemination, education, social policy change, and creation of healthy alternatives.

Does the State have prevention plan?

Yes, the prevention plan will be released in late 1998.

*It should be noted that DSAHP targets Iowans from pre-birth to death; specific target groups vary depending on needs assessments.

Target populations for prevention services: *

- Pregnant or parenting teenagers
- High-risk youth under age 21
- Young African-American males
- High-risk Native American youth and families
- College-aged population

Total Number served:

- FFY 1993 – 276,556
- FFY 1994 – 285,214
- FFY 1995 – 324,892

Programs funded:

Type	Number of Programs/Number Served			Programs
	FFY 1993	FFY 1994	FFY 1995	
Information dissemination	26/89,721	26/117,816	24/57,512	Iowa Substance Abuse Information Center; health fairs; speaking engagements; county fairs; newsletter
Education/life skills development	26/134,722	26/114,094	24/118,146	"Talking With Your Students About Alcohol" training for teachers; "Talking With Your Kids About Alcohol" training for parents; peer helper training; conflict resolution training
Alternatives	26/24,210	26/25,459	26/21,819	Holiday alcohol-free parties; alcohol-free teen dances; Red Ribbon rallies

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Type	Number of Programs/Number Served			Programs
	FFY 1993	FFY 1994	FFY 1995	
Community-based process (mobilization)	0/0	26/3,830	26/32,315	Inter-agency collaboration; coalition building and networking
Problem identification and referral	0/0	26/10,246	24/15,817	Student assistance programs; employee assistance programs; youth diversion classes curriculum programming
Social policy (environmental)	26/18,654	26/13,933	26/11,067	Activities that established or changed written/unwritten community standards, codes, and attitudes, thereby influencing ATOD use in the targeted population

DATA COLLECTION ACTIVITIES

Results currently available on prevention programs funded by the 20% set-aside (including needs assessment and data collection):

Since the early 1990s, the Division of Substance Abuse and Health Promotion (DSAHP) has been transitioning from a process-based reporting system to one that measures outcomes, with the expectation that such outcomes-based work plans will lead to an investment in behavior change. In FFY 1994, DSAHP, in conjunction with nine of its Federally-funded substance abuse prevention agencies, received technical assistance from the Center for Substance Abuse Prevention (CSAP) in the inclusion of measurable outcome objectives.

Needs Assessments

In order to expand and formalize needs assessment activity, the State applied for and received a grant from the Center for Substance Abuse Treatment (CSAT). Under this grant, the State has formed a research consortium with faculty members from four Iowa universities and two representatives from universities in other States. This consortium, the Iowa Consortium for Substance Abuse Research and Evaluation, will assist the State in conducting a three-year comprehensive prevention needs assessment that will include parent surveys on family risk factors, and surveys of teachers and school personnel. In addition, the 23 Federally-funded community-based prevention providers, in cooperation with other agencies within their service areas, will be required to conduct local needs assessments which will describe services available, as well as services needed.

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In February 1995, the Iowa Department of Public Health (IDPH) made a data set – representing all of the State's 99 counties – available to its prevention providers. This data set, containing both indicator and outcomes data, enabled prevention specialists to readily identify potential problem indicators within their service areas. Prevention programs have used these data to prioritize needs and to establish baseline data.

Data Collection

Iowa is one of 11 States participating in the Minimum Data Set (MDS) initiative. Iowa's participation in this process will enable it to move from a paper-based reporting process to tracking prevention activities electronically.

In 1995, the Center for Family Research at Iowa State University authored a report titled "Parent-Reported Risk and Protective Factors for Substance Use Among Iowa Elementary and Middle School Children". The report, based on the results of a telephone survey of 800 Iowa parents, identified factors that can place children at risk for substance use or abuse. The survey also considered protective factors that could potentially mitigate or moderate the effect of exposure to risk.

SUPPORT SERVICES

Training and Technical Assistance:

Iowa does not presently have all of the components in place for a formal prevention training system. Training is provided through conferences, seminars, and college courses offered in substance abuse. Many of these activities highlight treatment, with prevention specialists participating where appropriate. The Division of Substance Abuse and Health Promotion conducts a training needs assessment, required as part of its contract with the Iowa Substance Abuse Program Directors' Association, to deliver culturally-competent training to substance abuse prevention and treatment providers, as well as to the general public. The Division utilizes Federal set-aside funds to contract with the Program Directors' Association.

Specifically, this training of prevention professionals is prioritized, based on the needs assessment given to community-based provider staff, input from a second audience of professionals in related fields, and input from the public. Two components comprise the training needs assessment:

- A survey of State substance abuse professionals
- A series of focus groups with allied health professionals

In August 1995, a training was held for prevention specialists to improve their ability to utilize objective data in planning and working with communities. This training was coupled to the county-by-county data set made available to the providers by the Iowa Department of Public Health (see "Data Collection Activities" section).

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Certification Activities:

Twenty percent set-aside funds are not used by the State to directly fund certification for prevention professionals. DSAHP does support certification by using the 20% set-aside to fund both basic workshops leading toward certification and continuing education/training opportunities for maintenance of certification.

The State utilizes the Iowa Board of Substance Abuse Certification, an independent State certification board, for its certification process. Staff credentialing is at the discretion of community programs and their staff. Certification is available, although not mandatory, for prevention professionals. Community-based agencies are required to have staff training and development policies and procedures in place as a part of their contracts for prevention services delivery.